

Home Health Technical Advisory Committee

James F. Thompson Room

275 East Main Street

Frankfort, KY

December 5, 2016

Agenda

Old Business:

Follow Up: MCO request for paper denial for services not covered by Medicare. Denied examples provided to MCOs. Please advise if a solution has been achieved?

Denial of Visits: Examples provided to MCO and Cabinet. Please provide follow up as why denials are given for ordered services and other issues relating so said denials.

Follow Up for switching of MCO mid-month for patients who have requested no such mov. TAC was informed at our last meeting that the issue had been elevated to the Commissioner lever. Updates please.

Updates how providers of home health are being denied prior authorizations although they are the only provider of care? Example Perry and Morgan Counties and ARH. They are given non participating rates? Any follow up from this?

New Business

Who is monitoring the Implementation of HCBW transition of patients to other care providers? Who insures that the patients are receiving care after they have been discharged from one provider? Examples and Instances where care has actually not been started by new care providers for a period of time. Is there anyone point person designated to monitor from the Cabinet level? When we know care is not being provided after the new Assessment/approval etc. has been given. Who should providers contact?

State Survey - Currently the HCBW1 has been reported on the annual survey with designations for both personal care and home making. Now that this has been placed under attendant care, are there changes being implemented for providers to report accurately? There will be two types of reporting for the annual reporting period. Anyone working on this?

Billing codes designated for use for Attendant Care is 580 however that code is being denied. Has this been addressed?

Other Business

Meeting Dates for 2017